

**GENERAL SERVICES ADMINISTRATION
PUBLIC BUILDING SERVICE**

1. SOLICITATION FOR OFFERS

2. STATEMENT DATE

6VT0029

10/10/2018

(SQ. FT.)

123898

29267

**LESSOR'S ANNUAL COST STATEMENT
IMPORTANT - Re attached "Instructions"**

4. BUILDING NAME AND ADDRESS (No., street, city, state and zip code)

White Cap Business Park
426 Industrial Avenue
Williston, VT 05495-4448

**SECTION I - ESTIMATED ANNUAL COST OF SERVICES AND UTILITIES
FURNISHED BY LESSOR AS PART OF RENTAL CONSIDERATION**

SERVICES AND UTILITIES

LESSOR'S ANNUAL COST FOR

**FOR GOVERNMENT
USE ONLY**

(a) ENTIRE BUILDING

(b) GOV'T-LEASED AREA

A. CLEANING, JANITOR AND/OR CHAUFFEUR SERVICE

5. SALARIES

6. SUPPLIES (Wax, cleaners, cloths, etc.)

7. CONTRACT SERVICES (Window washing, waste and snow removal)

B. HEATING

8. SALARIES

9. FUEL

("X" one)

(b) (4)

10. MAINTENANCE AND REPAIR

C. ELECTRICAL

11. CURRENT FOR LIGHT AND POWER (including elevators)

12. REPLACEMENT OF BULBS, TUBES, STARTERS

13. POWER FOR SPECIAL EQUIPMENT

14. SYSTEM MAINTENANCE AND REPAIR (Ballasts, fixtures, etc.)

D. PLUMBING

15. WATER (For all purposes) (Include sewage charges)

16. SUPPLIES (Soap, towels, tissues not in 6 above)

17. SYSTEM MAINTENANCE AND REPAIR

E. AIR CONDITIONING

18. UTILITIES (Include electricity, if not in C11)

19. SYSTEM MAINTENANCE AND REPAIR

F. ELEVATORS

20. SALARIES (Operators, starters, etc.)

21. SYSTEM MAINTENANCE AND REPAIR

G. MISCELLANEOUS (To the extent not included above)

22. BUILDING ENGINEER AND/OR MANAGER

23. SECURITY (Watchmen, guards, not janitors)

24. SOCIAL SECURITY TAX AND WORKMEN'S COMPENSATION INS.

25. LAWN AND LANDSCAPING MAINTENANCE

26. OTHER (Explain on separate sheet)

27. TOTAL

160022

SECTION II - ESTIMATED ANNUAL COST OF OWNERSHIP EXCLUSIVE OF CAPITAL CHARGES

28. REAL ESTATE TAXES

29. INSURANCE (Hazard, liability, etc.)

30. BUILDING MAINTENANCE AND RESERVES FOR REPLACEMENT

31. LEASE COMMISSION

32. MANAGEMENT

33. TOTAL

LESSOR'S CERTIFICATION - The amounts entered in Columns (a) and (b) represent my best estimate as to the annual costs of services, utilities and ownership.

34. SIGNATURE OF

☒ OWNER

☐ LEGAL AGENT

TYPED NAME AND TITLE

SIGNATURE

DATE

34A.

35A.

(b) (6)

34C.

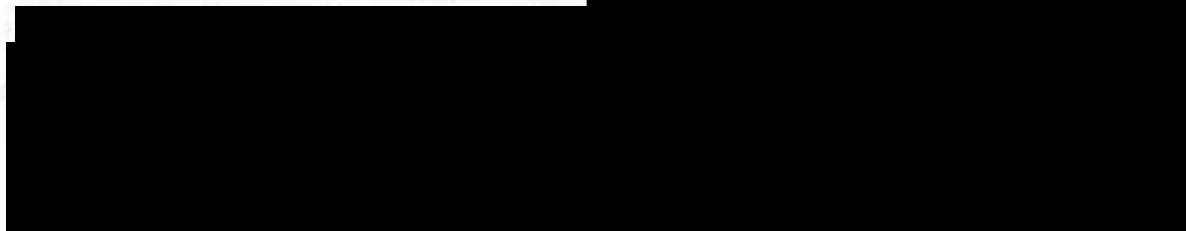
10/10/2018

35C.

GSA FORM 1217 (REV. 7-94)

GENERAL SERVICES ADMINISTRATION

	6VT0029		
	GSA Form 1217		
	Concept B		
	Explanation of Cleaning Costs		
SECTION I			
		LESSOR'S ANNUAL COST FOR	
		(a) ENTIRE BUILDING	(b) GOV'T-LEASED AREA
	RENTAL AREA-SQ FT	<div style="background-color: black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> (b) (4) </div>	
A. CLEANING, JANITOR AND/OR CHAR SERVICE			
6	SUPPLIES		
7	CONTRACT SERVICES		



6VT0029		
GSA Form 1217		
Concept B		
SECTION I		
	LESSOR'S ANNUAL COST FOR	
	(a) ENTIRE BUILDING	(b) GOV'T-LEASED AREA
RENTAL AREA-SQ FT		
G. MISCELLANEOUS		
26. OTHER		
GENERAL MAINTENANCE	(b) (4)	(b) (4)
EXTERMINATING		
SPRINKLER & FIRE SYSTEM MAINTENANCE		
ADMIN, ALARM & METERING PHONE		
RUBBISH REMOVAL		
Total Line 26 - OTHER		

PROPOSAL TO LEASE SPACEIn Response to Request for Lease
Proposals (RLP) Number→

6VT0029

DATED 10/10/2018

SECTION I - DESCRIPTION OF PREMISES CONCEPT B**1. BUILDING
DESCRIPTION**

a. Building Name

White Cap Business Park

b. Building Street Address

426 Industrial Avenue

c. City
Watsond. State
VTe. 9-Digit ZIP Code
06495-4448f. Congressional District
VT-1

2a. FLOORS OFFERED

2b. TOTAL NUMBER
OF FLOORS IN BUILDING

3. TOTAL RENTABLE SPACE IN OFFERED BUILDING

a. GENERAL PURPOSE
(Office)
111193 SFb. WAREHOUSE
0 SFc. OTHER
12705 SF

4. LIVE FLOOR LOAD

2800 Pounds per SF

5. MEASUREMENT
METHOD(X) ANSI/BOMA
☐ OTHER6. YEAR OF LAST
MAJOR RENOVATION
(if applicable)
N/A

7. BUILDING AGE

41 years

8. SITE SIZE

144000 SF
17.72 Acres**SECTION II - SPACE OFFERED AND RATES**9. ANSI/BOMA OFFICE AREA
SQUARE FEET (ABOA)

29267

10. RENTABLE SQUARE FEET
(RSF)

32486

11. COMMON AREA FACTOR (CAF)

11 %

"Tenant Improvements" are all alterations for the Government-demised area above the building shell buildout, excluding costs identified as tenant improvements in the Security Unit Price List. Building Specific Amortized Capital (BSAC) is the sum of costs identified as such in the Security Unit Price List. Neither the Tenant Improvements as stated in Block 12, nor the BSAC as stated in Block 13, are to be included in the shell rent. It is expected that the tenant buildout will be fully amortized at the end of the firm term, and the rent will be reduced accordingly. Any desired rent increases or decreases beyond the firm term of the lease should be reflected in the shell rate and fully explained as part of this written proposal. If Tenant Improvements or BSAC improvements are to be amortized beyond the firm term, those calculations must be itemized as part of this written proposal. The Offeror may attach additional pages as necessary.

					Number of years each cost per square foot is in effect. State any changes for any rent component.	
	a. BUILD-OUT COSTS PER CATEGORY	b. AMORTIZATION TERM	c. AMORTIZATION INTEREST RATE (%)	d. ANNUAL RENT \$ PER RSF	e. ANNUAL RENT \$ PER ABOA SF	f. NUMBER YEARS RATE IS EFFECTIVE
12. TENANT IMPROVEMENTS (per RLP requirements)						
13. BSAC (per RLP requirements)	(b) (4)	(b) (4)	(b) (4)	\$ 4.38	\$ 4.85	10
14. SHELL BUILD-OUT (per RLP requirements)	(b) (4)			\$ 1.10	\$ 1.44	10
15. TOTAL BUILD-OUT COSTS						
16. SHELL RENT (Including real estate taxes. Refer to Line 28 on GSA Form 1217)				\$ 15.86	\$ 17.38	15
17. OPERATING COSTS (Refer to Line 27 on GSA Form 1217)				\$ 4.93	\$ 6.47	
18. TOTAL RATE/SF				\$ 28.07	\$ 31.15	10
19. TOTAL ANNUAL RENT				\$ 11882.02		10
	PER SF RATE	FOR YEARS	PER SF RATE	FOR YEARS	PER SF RATE	FOR YEARS
20. STEP RENT (SHELL RATES)	\$ _____/RSF \$ _____/ABOA	____ Thru ____	\$ _____/RSF \$ _____/ABOA	____ Thru ____	\$ _____/RSF \$ _____/ABOA	____ Thru ____

21. PARKING

a. Number of parking spaces for the entire building/ facility which are under the control of the Offeror: _____

b. Number of parking spaces required by local code: _____

c. Number of parking spaces for Employee/Visitor Use (per RLP): _____

d. Number of parking spaces for Official Government Vehicles (per RLP): _____

e. Does the rental rate offered above include RLP-required parking costs?

YES (X) NO ☐ If NO, complete the following:

Annual cost per space: \$ _____ Surface \$ _____ Structured

_____ 421 _____ Surface _____ Structured
 _____ 421 _____ Surface _____ Structured
 _____ 97 _____ Surface _____ Structured
 _____ 3 _____ Surface _____ Structured

SECTION III - LEASE TERMS AND CONDITIONS

22. INITIAL LEASE TERM (Full Term)			23. RENEWAL OPTIONS			
a. Number of Years 15	b. Years Firm 10	c. Number of Days Notice for Government to Terminate Lease 120	a. Shell Rate / RSF / Yr \$ N/A	b. Years Each N/A	c. Number of Options N/A	d. Number of Days Notice to Exercise Option N/A
24. OFFER GOOD UNTIL AWARD			25. Space will be altered and delivered in accordance with the Government's specifications and requirements in accordance with the Request for Lease Proposals (RLP) and the lease.			
26. COMMISSIONS (if applicable), ATTACH COMMISSION AGREEMENT						
a. Tenant Representative Commission: (b) (4)		b. Owner's Representative Commission: (b) (4)		c. Schedule of Commission Payments: (b) (4)		
27. OFFEROR'S TENANT IMPROVEMENT FEE SCHEDULE* *Block 27 fees only applicable for TI subject to post-award pricing; N/A for turnkey pricing a. (b) (4) b. (b) (4) c. (b) (4) The Government will add the cost of the proposed TI fees to the net present value of the offered rental rate as described in the RLP's Present Value Price Evaluation paragraph. This schedule will be applicable for Tenant Improvements.			28. ADDITIONAL FINANCIAL ASPECTS OF THE LEASE Adjustment for Vacant Premises: (b) (4) per ABOA SF HVAC Overtime Rate: \$ 23 per hour per <input type="checkbox"/> zone <input type="checkbox"/> floor (X) space (choose one) For rates based on a "per zone" basis, provide the following: Number of zones in offered Space: _____ Areas requiring 24 hour HVAC (LAN, etc.) \$ _____ per ABOA SF* *Only applies when the Government requires separate reimbursement for 24 hour HVAC as described under Section 1 of the Lease. Otherwise, include this cost in the operating rent, as described under Section 8 of the Lease. Building's Normal Hours of HVAC Operation: Monday - Friday <u>8</u> AM to <u>8</u> PM Saturday <u> </u> AM to <u> </u> PM Sunday <u> </u> AM to <u> </u> PM Percent of Government Occupancy: <u>28</u> % Current Year Taxes: (b) (4) Based on fully assessed value? (b) (4) Is the offered space part of multiple tax bills or multiple buildings on a single tax parcel? (b) (4) If so, provide tax ID numbers and SF for each. Attach the legal description of the offered property. If a site is offered, state the total land costs: \$ _____			
29. FREE RENT INCLUDED IN OFFER <input type="checkbox"/> 1. _____ months free rent (includes shell, operating, TI and BSAC rent) <input type="checkbox"/> 2. Other rental concessions structured as follows _____ <input checked="" type="checkbox"/> 3. None			30. LIST OF ATTACHMENTS SUBMITTED WITH THIS OFFER (See RLP requirements)			
31. ADDITIONAL REMARKS OR CONDITIONS WITH RESPECT TO THIS OFFER						

SECTION IV - OWNER IDENTIFICATION AND CERTIFICATION

32. RECORDED OWNER					
a. Name See attached sheet for Recorded co-owners	b. Address	c. City	d. State	e. ZIP +4	f. DUNS Number
33. BY SUBMITTING THIS OFFER, THE OFFEROR AGREES UPON ACCEPTANCE OF THIS PROPOSAL BY HEREIN SPECIFIED DATE, TO LEASE TO THE UNITED STATES OF AMERICA, THE PREMISES DESCRIBED, UPON THE TERMS AND CONDITIONS AS SPECIFIED HEREIN, IN FULL COMPLIANCE WITH AND ACCEPTANCE OF THE AFOREMENTIONED RLP, WITH ATTACHMENTS. x I have read the RLP with attachments in its entirety and am requesting no deviations.					
34. Offeror's Interest in Property <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Other					
35. OFFEROR <input type="checkbox"/> Check if same as Recorded Owner					
a. Name J Graham Goldsmith	b. Address 7 Kilburn Street	c. City Burlington	d. State VT	e. ZIP +4 05401-4781	
f. Title President	g. E-Mail Address kgross@biogarchitects.com			h. Telephone Number 802-862-4053	
i. Offeror's Signature (b) (6)				j. Date Signed 10/10/2018	

LEASE PROPOSAL DATA		In Response to Request for Lease Proposals (RLP) Number	DATE
1	Offeror's Interest in the Property: <input checked="" type="checkbox"/> Fee owner <input type="checkbox"/> Other:	6VT0029	10/10/2018
Attach evidence of Offeror's interest in property (e.g., deed) and representative's authority to bind Offeror.			
2	Flood Plains: The Property is <input type="checkbox"/> in a base (100-year) flood plain <input type="checkbox"/> in a 500-year flood plain <input checked="" type="checkbox"/> not in a flood plain. <i>(See RLP Section 2, Flood Plains.)</i>		
3	Seismic Safety: The Building <input type="checkbox"/> RLP does not contain seismic requirements. No documentation required. <input checked="" type="checkbox"/> RLP contains seismic requirements. The Building <input checked="" type="checkbox"/> Fully meets seismic requirements or meets an exemption under the RLP <input type="checkbox"/> Does not meet seismic requirements, but will be retrofitted to meet seismic requirements <input type="checkbox"/> Will be constructed to meet seismic requirements <input type="checkbox"/> Will not meet seismic requirements <i>(See RLP Section 2, Seismic Safety.) Attach appropriate documentation.</i>		
4	Historic Preference: The Building is a <input type="checkbox"/> Historic property within a historic district. <input type="checkbox"/> Non-historic developed site or non-historic undeveloped site within a historic district. <input type="checkbox"/> Historic property outside of a historic district. <input checked="" type="checkbox"/> None of the above. <i>(See RLP Section 2, Historic Preference.) Attach appropriate documentation.</i>		
5	Asbestos-Containing Material (ACM): The Property <input checked="" type="checkbox"/> Contains no ACM, or contains ACM in a stable, solid matrix that is not damaged or subject to damage. <input type="checkbox"/> Contains ACM not in a stable, solid matrix. <i>(See RLP Section 2, Asbestos.)</i>		
6	Fire/Life Safety: The Property <input checked="" type="checkbox"/> Meets <input type="checkbox"/> Does not meet Lease fire/life safety standards. <i>(See RLP Section 2, Fire Protection and Life Safety.)</i>		
7	Accessibility: The Property <input checked="" type="checkbox"/> Meets <input type="checkbox"/> Does not meet Lease accessibility standards. <i>(See RLP Section 2, Accessibility.)</i>		
8	ENERGY STAR®: The Building <input type="checkbox"/> Has received the ENERGY STAR® Label within the past twelve months. Date (MM-DD-YYYY): _____ <input checked="" type="checkbox"/> Has not received the ENERGY STAR® Label within the past twelve months; the Offeror has evaluated energy savings measures and <input type="checkbox"/> Determined that none are cost effective. <input checked="" type="checkbox"/> Determined that the following are cost effective (Attach additional pages): The space would benefit from an interior and exterior lighting retrofit. <i>(See RLP Section 2, Energy Independence and Security Act.)</i>		
9	Waiver of Price Evaluation Preference. A HUBZone small business concern (SBC) Offeror may elect to waive the price evaluation preference provided in Section 4 of the RLP. In such a case, no price evaluation preference shall apply to the evaluation of the HUBZone SBC, and the performance of work requirements set forth in Section 1 of the Lease shall not be applicable to a lease awarded to the HUBZone SBC Offeror under this solicitation. A HUBZone SBC desiring to waive the price evaluation preference should so indicate below. <input type="checkbox"/> I am a HUBZone SBC Offeror and I elect to waive the price evaluation preference. <i>(See RLP and Lease documents for more information)</i>		

AGENCY APPOINTMENT

(b) (4)

(b) (4)

(b) (4)

AGENCY APPOINTMENT

(b) (4)

(b) (4)

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